

5. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33637

FILED OCT 25 1948

Registration District No. 25

Primary Registration District No. 4361

Registrar's No. 242

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Hopkins
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM CLAYTON INGRAM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1948 hour 5 minute _____ P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Annie Ingram 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 26 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 1948 to Sept 30 1948
that I last saw alive on Sept 9/30 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 4 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Senility 3 yrs

Due to _____

Due to _____

9. Birthplace Hopkins Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 102 B

Of autopsy _____

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Jacob Ingram

13. Birthplace Unknown Vir.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stabaugh

15. Birthplace Unknown Kent.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude Owens

(b) Address Hopkins, Mo

17. (a) Burial (b) Date thereof Oct. 2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo

19. (a) 10/15/48 (b) Bessie Hal
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature C. N. Ark (M. D. or D. O.)
Address Hopkins Date signed 10/15/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
3

JAN 5 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

myself.....; Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Swanson*.....

Licensed Embalmer No. *3963*.....

P. O. Address *Hopkins, Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.